Dear Drs. Lehman and Ziegelstein,

We would like to thank you for your leadership of the Innovations in Graduate Medical Education (IGME) workgroup and applaud the work of the group, consisting of medical schools and schools of health professionals, to develop a five-year plan to advance innovations in medical education. The Maryland Area Health Education Center (MAHEC) program exists to address the distribution, diversity, and quality of health professionals serving Maryland's rural and urban areas.

The Mission of the MAHEC program is to improve the health status of Marylanders through community educational partnerships that foster a commitment to enhancing healthcare access in the rural and urban underserved areas of the state. The MAHEC Program and its constituent Centers work in tandem to achieve this purpose. Our reason for being is to address the shortage of primary care physicians and other health care professionals who serve the poor and disenfranchised residents in the rural and urban medically underserved areas of Maryland. The Maryland AHEC program has three center locations, Western Maryland, Eastern Shore and Baltimore City. The Western Maryland Area Health Education Center (WMAHEC), the oldest center established in 1976, serves the westernmost counties of Garrett, Alleghany, Washington, and Frederick. Numerous health professionals participate in continuing education programs and health profession students complete rotations in these rural areas. In addition, the very strong and successful health careers pipeline program known as ECHO (Exploring Careers in Health Occupations) is offered through the WMAHEC. The Eastern Shore AHEC, started in 1997, serves all nine rural counties of Cecil, Kent, Queen Anne's, Caroline, Dorchester, Talbot, Wicomico, Worcester, and Somerset. This Center provides placement and housing for health profession students in the clinical education program and has expanded these services to Southern Maryland, another medically underserved area. The ESAHEC also offers innovative health careers pipeline programs that target minorities and economically disadvantaged students. The Baltimore AHEC, founded in 2002, serves both Baltimore City and County and like the other centers has a strong clinical education and health careers pipeline component.

Due to the importance and necessity of the Maryland's Area Health Education Centers in educating and preparing health professionals who will serve Maryland's most vulnerable populations, we urge the IGME workgroup to consider the following:

 Appointing an individual representing rural Maryland, who is familiar with and can speak to rural needs, as a standing member of the workgroup.

- Increasing primary care residency training in the rural areas to adjust redistribution of providers
- Increasing support for local communities to identify resources needed
- Supporting current and future efforts to increase the health professions education pipeline for local communities
- Increasing funding for MAHEC
- Supporting the role of Maryland's two academic health science institutions to be statewide, thereby bringing resources, influence, and energies integrating with local partners to address all needs – both urban and rural
- Finally, without a robust Graduate Medical Education Program and what should be a resultant strong rural Residency Program, Maryland and its AHEC Centers are without a critical component in addressing the need to increase physician supply serving rural Maryland

Thank you for your consideration of this request. If you have any questions, please don't hesitate to contact me at 667-214-1838 or e-mail reclgan@som.umaryland.edu.

Sincerely,

Richard Colgan, M.D.

Professor

Vice Chair of Medical Student Education and Clinical Operations University of Maryland Department of Family and Community Medicine Program Director, Maryland AHEC Program